



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF SMALL AND LOCAL BUSINESS DEVELOPMENT**

**LSDBE APPLICATION SWORN AFFIDAVIT**

The undersigned, as a duly authorized representative of \_\_\_\_\_ (Name of Company), swears (or affirms) that the statements made as part of the attached certification application and submitted with or without a bid or proposal request are true and correct and include all other information necessary to:

1. Identify and explain the operations of the company;
2. Identify the ownership of the company; and, otherwise,
3. Establish the company's eligibility for certification under the Small, Local, and Disadvantaged Business Enterprise Development and Assistance Act of 2005, effective October 20, 2005 (D.C. Law 16-33; 52 DCR 7503).

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

District of Columbia (or State/Commonwealth of \_\_\_\_\_ ); to wit:

Signed and sworn (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, who is well known to me as the person who executed the foregoing affidavit and who acknowledged the same to be his/her free act and deed.

Notary signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_